DOCUMENT RESUME

ED 382 431 RC 020 094

TITLE	Kids Count in Nebraska, 1994 Report: A Second Look.
INSTITUTION	Nebraska Univ. Medical Center, Omaha.; Voices for Children in Nebraska, Omaha.
SPONS AGENCY	Annie E. Casey Foundation, Greenwich, CT.
PUB DATE	94
NOTE	31p.; Photographs and figures may not reproduce adequately.
PUB TYPE	Information Analyses (070) -- Reports - Research/Technical (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	American Indians; Asian Americans; Blacks; Census Figures; Child Health; *Children; Child Welfare; Day Care; Delinquency; *Demography; Elementary Secondary Education; Hispanic Americans; Housing; *Low Income; *Metropolitan Areas; *Nonmetropolitan Areas; Poverty; Preschool Education; Rural Education; *Social Indicators; Welfare Recipients; Welfare Services; Whites
IDENTIFIERS	*Nebraska

ABSTRACT

This document reports demographic data on children living in Nebraska for the year 1994. The report focuses on children living in households with low incomes, defined as below 185 percent of the federal poverty level. Sources of information include census data and reports from Nebraska state agencies. Data indicate that 30 percent of Nebraskans are children ages 19 and under and that slightly more than half of Nebraska's children live in rural or nonmetropolitan areas. The report covers the following: (1) the number of children who were low-income, categorized by race or ethnic group (White, Black, Native American, Asian, Hispanic, and other) and by residence in metropolitan and nonmetropolitan areas; (2) the number of families who received Aid to Dependent Children financial assistance, food stamps, and Medicaid; (3) the number of families in nonmetropolitan and metropolitan areas who spent more than 35 percent of their total income on housing costs, who are overcrowded, or who are homeless; (4) the number of children living in metropolitan and nonmetropolitan areas who participated in health and nutrition programs, and statistics on teen birth rates, infant mortality, low birth weight, prenatal care, alcohol and tobacco use, and child death; (5) the number of registered and licensed child care providers and the number of children served by Head Start and special education services; (6) the number of cases of abuse and neglect investigated yearly and the number of registered foster care homes; and (7) the number of juveniles arrested for crimes. The report also includes figures and photographs, a data sheet that allows comparisons between counties, definitions of indicators, and a listing of Kids Count team members and advisors. (LP)

ED 382 431

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kathy Bigsby Moore

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Kids Count in Nebraska
1994 Report: A Second Look

Supported by a grant from the Annie E. Casey Foundation

A publication of Voices for Children in Nebraska, in partnership with the Section on Health Services Research and Rural Health Policy, Department of Preventive and Societal Medicine, University of Nebraska Medical Center

BEST COPY AVAILABLE

RC020094

Letter from the Chairperson

For this second look at how children in Nebraska are faring, we have placed a special emphasis on poverty, which is at the root of so many problems. Without adequate food, shelter, and clothing, children cannot go to school ready to learn and develop to their maximum potential. The normal challenges of life become exacerbated by poverty, and we see higher representations of poor and minority children at many levels of care and custody.

In this second Annual Report, we have attempted to measure trends over a longer period of time; we will continue to do that in subsequent Kids Count years. We still cannot report on all indicators we think are important to child well-being, due to the lack of access to data in some areas. We will continue to attempt to gather a wider array of data but hope you will take advantage of what we have presented this year. These indicators point to strengths as well weaknesses in Nebraska. We hope you will use that information to determine needs and plan ways to increase the potential for Nebraska children to become healthy, productive adults.

Dr. Carol A. Aschenbrener, M.D., Chancellor, University of Nebraska Medical Center, and Chairperson, Kids Count in Nebraska Panel of Advisors

Acknowledgments

This is the second annual *Kids Count in Nebraska* report. Focus groups were used this year to find out directly from low-income parents about their successes in gaining assistance for themselves and their children and about barriers they confronted when seeking help.

We also interviewed other youths and parents who described to us their hopes, concerns, and life experiences. We are grateful to all of these people for talking with us and inviting our award-winning photographer, Pamela J. Berry, into their world. Their words, pictures, and stories bring life to the Kids Count statistics.

Those who helped us locate people for interviews and photographs were invaluable. They are Marilyn Alvarez, Andrea Andersen, Ellen Brokofsky, Julie Chrastil, Donna DeFreece, Rhonda Drewes, Sandi Elsea, Terri Erdman, Betty Gonzales, Alberto Gonzales, Jami Kotera, Doris Lassiter, Debra Mabry-Strong, Judy Owens, Barb Schroenrock, and Kathleen Stogin.

Many individuals — including our Kids Count Technical Team listed on the back inside cover— collaborated with us to select and report the data you find here. They shared information and helped us understand the data's implications. Special thanks to Bob Beecham, Grey Borden, Martha Carter, Kim Collins, Paula Eurek, Brenda Grant, Lois Harlan, Pat King, Linda Lindgren, Mark Miller, Mike Overton, Tom Reck, Deb Scholten, Mary Steiner, Peggy Trouba, Kryste Wiedenfeld, and Pat Wilson. The Panel of Advisors, also listed on the back inside cover, guided us, helped us gain contacts with the public, and helped us disseminate the report.

We are very grateful for support from the Woods Charitable Fund, Lozier Corporation, Target, and Burke High School Class of 1984 in Omaha, and for a special gift from Dr. John and Kay Lynn Goldner in memory of Pauline Friedman Mayer. These gifts enable us to distribute Kids Count information through public forums, photo exhibits, media events, and Children's Day celebrations. The KIDS COUNT project is made possible by major financial support from the Annie E. Casey Foundation and technical assistance from the National Association of Child Advocates, with support from the Prudential Foundation.

Kids Count in Nebraska Project Team

Credits

Cover photo: Sergio, age 6, and Martin, age 7, 1994, at the Chicano Awareness Center in Omaha, Nebraska.

Back cover photo: Nongkane Sackaly, age 13, Tecumseh.

Consultants: Virginia Berman, Ph.D., Ann Coyne, Ph.D., Jerome Deichert, M.A., and Magda Peck, Sc.D.

Quantitative data analysis: Angella Bowman, M.A., Keith Mueller, Ph.D., and Fred Ullrich, B.A.

Interviews and report coordination: Gail L. Flanery, Ph.D.

Photographs: Pamela J. Berry, © 1994.

Photo printing: Carol McCabe, Professional Darkroom Services.

Audiotape transcriptions of interviews: Tracy Shew.

Focus group leaders and audiotape transcribers: Melinda Flowers, Kristin Schroeder, and Cindy Siadek.

Editing, design, layout, and pre-press camera-readies: Maria M. Lemon, Ph.D., The Editor Inc., Lincoln, Nebraska.

Printing: Moran Printing Company, Omaha, Nebraska.

© 1994, Voices for Children in Nebraska.

Kids Count in Nebraska 1994 Report: A Second Look

- ❒ *Focuses on the well-being of children*
- ❒ *Looks at them today*
- ❒ *Plans for them tomorrow*
- ❒ *Issues an annual state-of-the-child report*
- ❒ *Uses numbers, stories, and photos*
- ❒ *Develops an information bank*
- ❒ *Is statewide*
- ❒ *Involves public and private sectors*
- ❒ *Is a four-year project (1993-1996) sponsored by the Annie E. Casey Foundation*

Contents

Letter from the Chairperson ..... Inside front cover
Acknowledgments ..... Inside front cover
Credits ..... Inside front cover
Introduction 3
Characteristics of Nebraska Children 4
Age 4
Diversity 4
The Economic Well-being of Nebraska Children 5
Low income among Nebraska children 5
Federal poverty level interpretations 5
Ages of low-income children 6
Low income among racial and ethnic groups 6
Low income in metropolitan and nonmetropolitan counties 7
Economic assistance 8
ADC 8
Food Stamps 9
Medicaid 9
Housing for Nebraska Families 10
Cost 10
Overcrowding 10
Homelessness 10
Child Health Issues 11
Using available services 11
Teen birth rates 12
Infant mortality 12
Low birth weight 12
Prenatal care 13
Alcohol and tobacco use 13
Child death 13
Early Care and Education 14
Child care 14
Head Start 15
Special education 15
Child Abuse and Neglect 16
Out-of-home Placement 17
Juvenile Justice 18
County Data 20
Definitions and Data Sources 23
Kids Count Team Members and Advisors ..... Inside back cover

Tables

How many children are there in Nebraska? 4
What is the gross income of low-income families? 5
How many Nebraska children are low-income? How old are they? 6
How many Nebraska children are homeless? 10

Figures

How many Nebraska children live in metropolitan areas? 4
What are the racial/ethnic backgrounds of low-income Nebraska children? 7
How many Nebraska children live in poverty and where do they live? 7
How many families receive ADC payments? 8
How many Nebraska children are eligible for Medicaid? 9
How many Nebraska children under 6 participated in the EPSDT program? 11
How many women and children does WIC serve in Nebraska? 11
What are Nebraska's Infant Mortality Rates? 12
What injuries cause deaths of Nebraska children? 13
How many registered and licensed child care providers are there in Nebraska? 14
How many Nebraska children does Head Start serve? 15
How many cases of abuse and neglect are investigated yearly? 16
How many registered and licensed vs. approved foster care homes are there in Nebraska? 17
How many Nebraska children under age 18 are arrested for crimes against persons (Part I Offenses)? 18
How many Nebraska children under age 18 are arrested for crimes against property (Part I Offenses)? 18
How many Nebraska children under age 18 are arrested for Part II Offenses? 19
Map: Nebraska's Metropolitan and Nonmetropolitan Counties 22

Introduction

Pick a high point in Nebraska and climb to the top — maybe the Scotts Bluff Monument or the Woodmen Tower in Omaha. We'll give you the vision to see all the children in Nebraska. The statistics, stories, and pictures about them here will let you see them from many perspectives.

Watch the van pull up at the Head Start building in Wilber. Out tumbles a group of 4-year-olds. They are part of our Head Start count.

Ride the elevator up to the Z Mod on the sixth floor of the Douglas County Court House to see youths behind bars. Or find a youth at home and on probation in any town. They are part of our juvenile arrest count.

Go to the local grocery store and look for approved products ready for purchase by mothers who are receiving financial assistance through the WIC program. These mothers and their children are part of our WIC participation count.

Kids Count 94 groups information about children under these topics: economic well-being, housing, health, early care and education, child abuse and neglect, out-of-home placement, and juvenile justice. Within each of these areas of information, we have chosen indicators because of their relationship to state and/or national policy objectives or to measure success in reaching children eligible for assistance. Upon request, our Kids Count Project Team will provide guides to scholarly literature used in making these selections.

We include a special focus on children living in households with low incomes, defined as below 185% of the federal poverty level. Living in a family with tight pursestrings can influence children's health, housing, child care arrangements, education, and involvement in the juvenile justice system. When available, information related to household income is included.

In future *Kids Count in Nebraska* reports, we will incorporate other important themes associated with child development, and we will seek to fill the gaps in needed information when they are identified. Our purpose is to provide both policy makers and the public at large with the information needed to understand the well-being of children in Nebraska.

Our sources of information are Census data and reports from state agencies: the Nebraska Departments of Social Services, Health, and Corrections; the Foster Care Review Board; and the Nebraska Crime Commission. It is the most reliable information we can find and report to you. In *Definitions and Data Sources* on pages 22-23, we provide definitions and tell you how we obtained the data for this book.

The two-page county data sheet (pages 21-22) provides a county-by county list of some of the indicators, to allow for comparisons and for easy checking of counties that particularly interest you.

"We learned that ordinary people can take matters into their own hands when it comes to the welfare of our children. We learned that together we had the skills and power to turn a city around. We learned that it is only when the will of the people is ignored that a community can neglect its children."

— Margaret Brodkin
Coleman Advocates for Children & Youth
San Francisco, 1993

Tracy and her daughter, Thressa, age 7.

"I try to teach my kids all cultures. My mother is Native American and my father is White. My mom raised me in a Black community and I look Hispanic, but I'm Native American. I don't think of a person as a color. I think of them as a person."

— Tracy

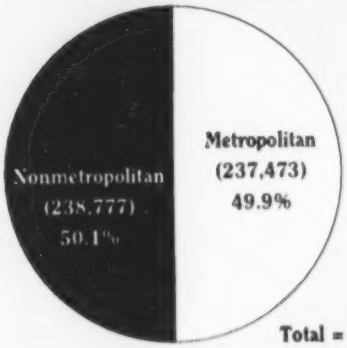
Characteristics of Nebraska Children

Age

Thirty percent of Nebraskans — 476,250 — are children ages 19 and under. Half of those are ages 9 and under. Slightly less than half live in metropolitan areas.

Today's children will be the next large group of citizens upon which the state will depend for a productive labor force. These children's healthy development will contribute not only to their welfare but also to the general welfare of all Nebraskans.

How many Nebraska children* live in metropolitan areas?



Total = 476,250

***Ages 19 and under.**
Source: US Census, 1990.
Metropolitan=Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington counties.
Nonmetropolitan=all other Nebraska counties.

"I lived in a neighborhood of African Americans and that is hard, being a Mexican and growing up in a Black neighborhood. You don't quite fit. You feel like you do, but they look at you different because you are a shade lighter than they are."
— an 18-year-old youth.

How many children are there in Nebraska?

Age	Number	% of total
0-2	70,620	15%
3-4	48,986	10%
5-9	126,401	26%
10-14	117,383	25%
15-17	65,622	14%
18-19	47,238	10%
Total	476,250	100%

Source: US Census, 1990.

Diversity

The U.S. Census is used in this report to distinguish among children by their race and Hispanic origin. The census questionnaire, from which the data are taken, requests that the person completing it specify the race for each member of the household, including the children. Thus, the data are self-reported identification, usually by an adult member of the household (or adult caretakers in other environments).

The questionnaire includes a category "race" that asks for identification as White; Black or Negro; Indian (American), Eskimo, Aleut, Asian or Pacific Islander; or Other. The Asian or Pacific Islander category includes Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, or other (e.g., Laotian, Cambodian). These racial categories are mutually exclusive and exhaustive; all persons are expected to respond with a single category.

The census treats Spanish/Hispanic origin (hereafter referred to as "Hispanic origin") as a separate category. All persons, regardless of racial identification, are asked whether they are of Hispanic origin. Those responding "yes" can identify themselves (or others in the household) as any of the following: Mexican, Mexican-American, or Chicano; Puerto-Rican; Cuban; or other (e.g.,Spaniard, etc.). As was true with race, these categories are mutually exclusive and exhaustive.

In treating Hispanic as a single category throughout this report, we are combining a variety of different responses into a single category which may mask important differences. However, of all Hispanics in Nebraska, 80% identify themselves as Mexican, Mexican-American, or Chicano.

Citizens other than those who identify themselves as Whites and non-Hispanics typically are labeled as "minorities." The label implies only that they represent, in aggregate, a small percentage of the total population; it does not imply any statement about their status in society.

In Nebraska, ***ALL KIDS COUNT***, regardless of racial or ethnic identification. However, when discussing some indications of the well-being of children, particular groups may be less well-off than others, and those special needs will be reported. Such reporting is intended to demonstrate needs and not to say that any group of children represents special problems.

BEST COPY AVAILABLE

The Economic Well-being of Nebraska Children

Low income among Nebraska children

Low-income children, absent any special assistance, face particular difficulties in achieving their full potential.

The federal poverty level is a measure used to determine which children and families live in households with a gross income inadequate to support basic needs, such as food, clothing, and shelter. For example, for a family of four, the 1993 federal poverty level is $14,350. Half of that level (50%) is $7,175; and 185% of that level is $26,548. *For this report, a family whose gross family income falls below 185% of the federal poverty level is considered to be low-income.*

Federal poverty level interpretations

Percentages of the federal poverty level are important to understand, because they are used to determine eligility for a number of programs. Any percentage for any size family can be calculated by using the federal poverty level as the base number.

If a family's income falls below a specified percentage of the federal poverty level, then members of a family may be eligible for the corresponding program if they also meet all other eligibility criteria. Examples of some assistance programs and the specified percentages of the poverty level required for eligibility are: Head Start — 100%; Subsidized child care — 110%; Free School Lunch — 130%; Reduced School Lunch — 185%; The Special Supplemental Food Program for Women, Infants, and Children (WIC) — 185%.

The table below presents a variety of family sizes and corresponding gross incomes calculated for percentages of the poverty level. Using it, you can see that a child who lives in a family of four will be eligible for Head Start if that child's family income falls below $14,350 (less than 100% of the federal poverty level).

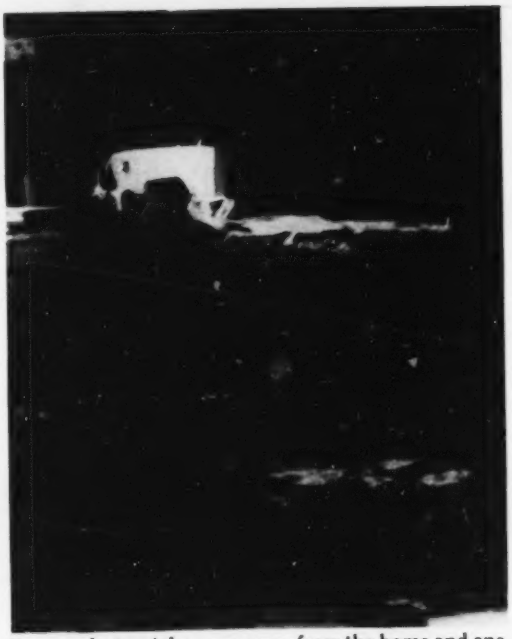
The percentages of the federal poverty level become especially important when policy makers set eligibility levels. Changes relating to either ages of children eligible or to family income level can have signifcant effects on the statewide total number of children eligible for a program.

In total, as of the 1990 census, 58,166 Nebraska children under age 18 live in households with incomes below the federal poverty level. Another 49,822 live in households with incomes *between* 100% and under 150% of the federal poverty level. The table on page 6 shows numbers of children, at various ages, below and above the poverty level; notice that these numbers are cumulative as the percentages of the poverty level increase.

What is the gross income of low-income families?

% Federal Poverty Level	Family Size and Maximum Gross annual Income 2	3	4
50%	$ 4,715	$ 5,945	$ 7,175
*100%	$ 9,430	$11,890	$14,350
130%	$12,259	$15,457	$18,655
150%	$14,145	$17,835	$21,525
185%	$17,446	$21,997	$26,548

* Federal Poverty Level, 1993, U.S. Department of Health and Human Services.



Oun works two jobs—one away from the home and one at home, doing piecework at her sewing machine. Her husband Somdy works at a plant 35 miles away. Their children are among the 307,357 Nebraska children whose parents (both or only) are in the labor force.

Definition

Federal Poverty Level — Determined by the federal government, the federal poverty level is based on family size and income level. In 1964, the Social Security Administration used the U.S. Department of Agriculture's "Economy Food Plan" as the basis for the first poverty index. Based on the assumption that a family's food costs averaged one third of their budget, the poverty level was calculated then by multiplying the cost of this food plan by three. Now the basis is the "Thrifty Food Plan," also developed by the U.S. Department of Agriculture.

Ages of low-income children

Data from the 1990 census show an increase among Nebraska children under age 5 who live in families with incomes below the federal poverty level, from 13% reported in the 1980 census to 17% reported in 1990.

Among that same age group, 8,248 are in households with incomes below 50% of the poverty level, and over 47,000 are in households with incomes below 185% of the poverty level.

Low income among racial and ethnic groups

The likelihood that a Nebraska child will live in poverty is higher among particular racial and ethnic groups (see figure on next page).

For example, nearly 50% of Native American children and over 40% of Black children ages 0-17 live in families with incomes below 100% of the federal poverty level. In comparison, approximately 11% of White children live in families with incomes below 100% of the federal poverty level.

"It's been juggling from here to there—skip this [bill] this month and that one next month, so I can send her to preschool."

— Benkelman parent

"I want better for my kids. I want them to have better and I don't want them to live the life I lived."

— teen mom

Andrew, age 3.

How many Nebraska children are low-income? How old are they?

Income as % of Federal Poverty Level, 1990	Ages of Children 0-4	5-14	15-17	Total Children 0-17
50%	8,248	13,239	3,268	24,755
100%	19,525	31,648	6,993	58,166
130%	28,863	47,818	10,408	87,089
150%	35,093	60,151	12,744	107,988
185%	47,580	84,342	17,862	149,784

Note: This table shows cumulative figures. For example, 19,525 Nebraska children under 5 years old (ages 0-4) live in households whose gross family income is below the federal poverty level. In that same age group, 8,248 children live in homes with a gross family income below 50% of the poverty level. Thus, 11,277 children under age 5 live in households with income between 50% and 100% of the federal poverty level.

Source: US Census, 1990 Public Use Microdata Samples (PUMS).

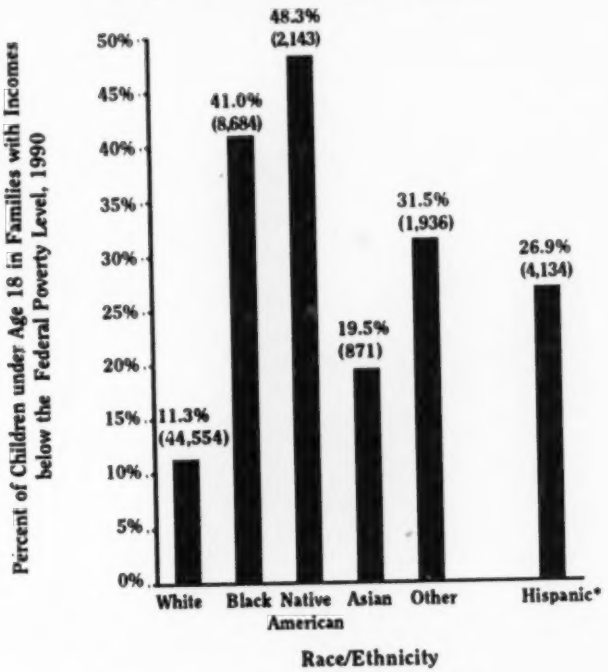
PUMS is a specialized part of the decennial census which uses a 5% sample of the total census to obtain much more detailed information. Population estimates based on PUMS may differ slightly from those reported in the full census.

Low income in metropolitan and nonmetropolitan counties

Childhood poverty in Nebraska is not limited to any particular region, either metropolitan counties or more rural areas. More of Nebraska's children in families with incomes below the federal poverty guidelines live in non-metropolitan counties than in metropolitan counties — 32,999 versus 25,475.

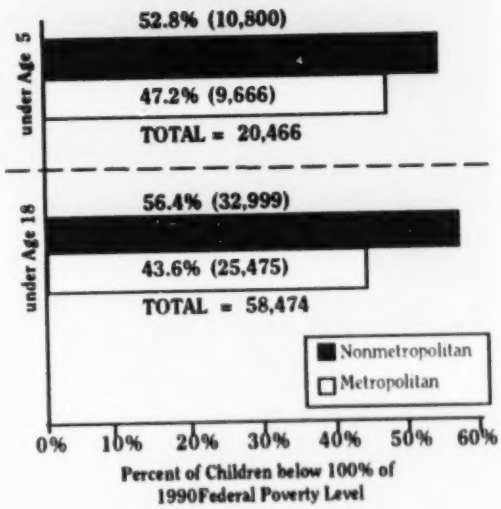
Children in low-income families reside in counties throughout Nebraska, creating state-wide challenges to improve the general economy and provide appropriate assistance.

What are the racial/ethnic backgrounds of low-income Nebraska children?



Source: US Census, 1990 Public Use Microdata Samples.
Note: The numbers reported here are estimates based on a 5% sample of Nebraska housing units and the persons in them.
*Hispanic may be of any race.

How many Nebraska children live in poverty and where do they live?



Source: US Census, 1990.
Metropolitan=Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington counties.
Nonmetropolitan=all other Nebraska counties.

BEST COPY AVAILABLE

Theresa and her son,Timmy, age 22 months. Theresa is concerned about the cost of living and how she can meet her family's needs on a tight budget.

"I've thought about moving to where I can get a 40-hour a week job . . . but moving is $1,000."
— Benkelman parent

Economic assistance

Numerous public programs provide assistance to low-income families. We refer to three of them here: Aid to Dependent Children (ADC), Food Stamps, and Medicaid.

ADC is a program of cash assistance to families in which children are deprived of one parent by reason of death, disability, unemployment, underemployment, or absence from the home.

Food Stamps are coupons redeemable in retail stores. These coupons are issued to eligible low-income families to make it possible for them to have enough purchasing power to buy an adequate low-cost diet based on the USDA's "Thrifty Food Plan."

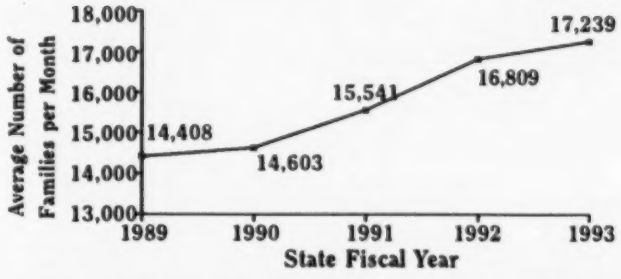
Medicaid provides access to services provided for acute and preventive medical care.

ADC

In 1993, the maximum ADC payment available to a family of 2 amounted to 37% (calculated annually at $3,516) of the federal poverty level. The average monthly payment for all families was $321.43.

The number of families receiving ADC benefits has grown steadily in recent years, although annual increases generally have been less than 1,000 families. In 1989, the ADC program provided assistance to an average of 14,408 families per month. By the end of June, 1993, that number had grown to 17,239.

How many families receive ADC payments?



Source: Nebraska Dept. of Socical Services, *Annual Report*, 1989-1993.

"My husband hasn't given me one red cent. He sends $10 sometimes for one of the kids' birthdays. But he forgets Christmas."

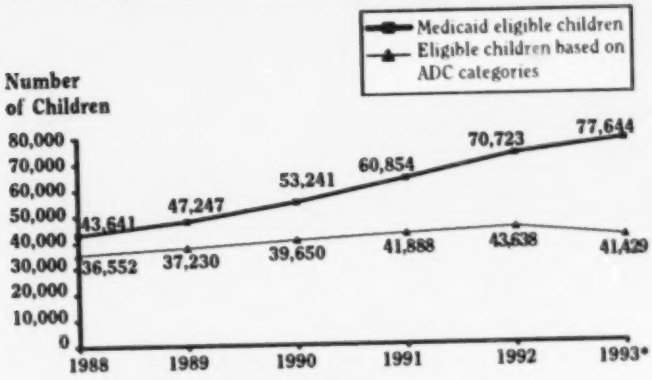
This mother of 5 children, ranging in age from 3 to 14, received $447 worth of Food Stamps a month and $400 from Aid to Dependent Children, and until recently her housing was subsidized by HUD. [Someone reported her to HUD when she tried to make extra Christmas money selling her homemade tamales. HUD sanctioned her for fraud.]

"I don't have money left for clothes, shoes, and coats. I go to Goodwill the first day of the week to see what is new."

— Elena, 1993

BEST COPY AVAILABLE

How many Nebraska children are eligible for Medicaid?



Source: Nebraska Dept. of Social Services.
***Data reported above are eligible children for June of each year.**
Even though eligible, a child may not receive Medicaid assistance. Participation in Medicaid results from being eligible, in need of medical care, and receiving that care.

Food Stamps

In contrast with ADC, eligibility for Food Stamps does not depend on a child being deprived of a parent. Eligibility is determined by financial standards.

For many one- and two-parent families and their children, food stamps make a crucial difference.

"I was called in three nights last pay period, so [my pay was] a little bit higher. [That caused] my food stamps [to] drop from $121 down to $95 for next month, when it was last month that I made the extra money."

"I get $100 in Food Stamps. That's all I get in benefits (for low-income families), and I have five kids. I work at Hardee's for $4.25 an hour."

— focus group parents

Medicaid

This program, which provides financial access to acute and preventive medical services, is another important program of assistance to Nebraska's children. Children receiving ADC benefits are automatically eligible for Medicaid benefits.

Other children also are eligible, because Medicaid eligibility criteria are broader than those for ADC and have been expanded in recent years by actions of Congress and the state legislature. Thus the differences between ADC categorical eligibility and Medicaid eligibility are quite dramatic. (See *Definitions and Data Sources.*)

As a result, the number of children in Nebraska who have applied and have been determined eligible to receive Medicaid benefits has risen steadily, from approximately 43,600 in June of 1988 to nearly 78,000 in June of 1993 (see figure at left, final note). This increase reflects both changes in household income and changes in the law expanding eligibility.

BEST COPY AVAILABLE

Housing for Nebraska Families

Debra and her two children, Andrew, age 3, and Linsey, age 2, sit on the steps of their home.

Three measures of inadequate housing are reported here: cost as a percent of total income, over-crowding, and homelessness. Indicators of the first two are based on standards developed by the U.S. Department of Housing and Urban Development. None of these standards should be taken as absolute indicators of total need, but they give a fair approximation of the needs of children in Nebraska.

Cost

The economic standard for housing adequacy is that households should not need to spend more than 35% of their total income for their housing costs. The 1990 census data show that 24.2% of Nebraska households who rent, and 8.8% of those who own their homes, exceed that threshold (14.5% overall) — 28,687 households in nonmetropolitan counties and 44,508 households in metropolitan counties.

Overcrowding

Statewide, 1.7% of all households have an inadequate number of rooms for the number of residents — 5,631 households in nonmetropolitan counties and 4,875 households in metropolitan counties.

Homelessness

The most inadequate housing is no housing at all. A 1992 study by the Nebraska Department of Education found that over 8,000 children were homeless — 6,174 in metropolitan counties and 2,368 in non-metropolitan counties. Over 4,000 of these children were not residing in a recognized family or youth shelter. Nonsheltered homeless persons include those who are living on the street; living in campers, tents, or cars; staying temporarily with friends or relatives; or living in substandard dwellings or transitional housing. Across Nebraska in 1992, there were 46 family or youth shelters, 18 in metropolitan areas and 28 in nonmetropolitan areas. Homelessness affects all ages, but higher numbers occur in the youngest age groups.

Nearly all Nebraska households have at least an adequate number of rooms, and over 75% spend less than 35% of their incomes on housing — two standards of adequate housing. However, over 8,000 were homeless some of the time between September 1991 and August 1992, and the majority of them were under the age of 12.

How many Nebraska children are homeless?

Ages	In shelters	Not in shelters
Infants and preschoolers	1,672	781
Elementary (5 to 12)	1,307	1,502
Jr. High (12 to15)	664	331
Sr. High (15 to 18)	388	1,600
All ages (0-18)	4,031	4,214

Source: Nebraska Dept. of Education, *1992 Report of School-age Homeless Children and Youth*.
Note: this table omits 309 children whose ages were unknown.

Rebecca and her two daughters (7 and 9 years old) were renting a small house. She couldn't wait to leave. "It was lousy [with] weeds in the basement. When it rained, more dirt washed into the dirt basement. It was right next to a gas delivery station. It smelled like gas all the time. There were black chunks and rusty water coming through the pipes. I told our landlord, [but] the landlord didn't respond. I bought a water filter. But the filter broke and I couldn't find a replacement."

This past year, Habitat for Humanity selected her for one of the houses built in Nebraska.

Child Health Issues

Using available services

Young children should receive routine health checks as part of well-child care. The Nebraska Medicaid program includes the HEALTHCHECK program, also known as Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Nebraska data show that, while most children eligible for this service receive preventive health care through EPSDT, 4,459 eligible metropolitan and 3,803 nonmetropolitan children under age 6 in 1993 did not participate in the EPSDT program.

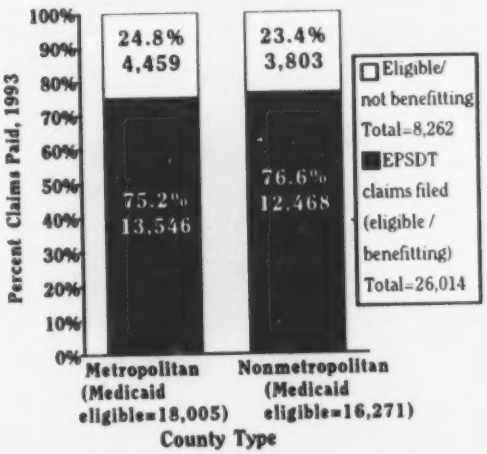
The Special Supplemental Food Program for Women, Infants, and Children (WIC) provides nutritional assistance to low income women and children. WIC served over 35,000 persons in April, 1994. However, an additional 21,970 persons who may have been eligible, based on income, did not receive assistance. More unserved persons live in rural areas than in the metropolitan counties of the state.

Anita Jaynes checks Alena's baby boy, Marcos, Jr., age 8 months, at a Nebraska WIC office.

"[WIC] really helped out when [my son] was first born 'cause he was on very expensive formula. It was like $7 or $8 a can and there is no way we could have ever afforded it. [I] could talk to the nutritionist at any time and they did several checkups where they took blood to check his iron . . . They gave me a lot of information about feeding [him] as [he] got older, [like] leave finger foods out where [he] can see it and get to it. I still do that."

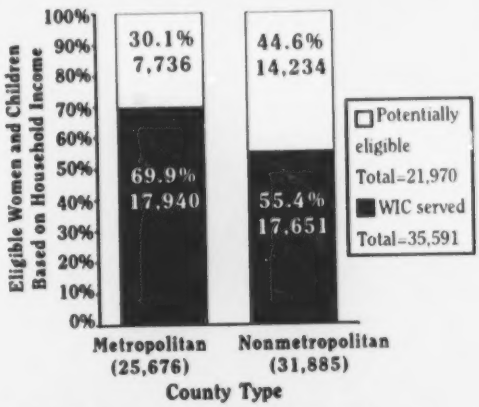
— WIC participant

How many Nebraska children under 6 participated in the EPSDT program?*



Source: Nebraska Dept. of Social Services, 1994.
***Number of children with one or more claims paid in 1993.**
Metropolitan=Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington counties.
Nonmetropolitan=all other Nebraska counties.

How many women and children does WIC serve in Nebraska?*



Source: Nebraska Dept. of Health, April 1994.
***WIC participation for April 1994.**
Note: Potential eligibility (income only), based on county estimates, may not sum to state totals due to rounding and suppression of small numbers for confidentiality.
Metropolitan=Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington counties.
Nonmetropolitan=all other Nebraska counties.

BEST COPY AVAILABLE

Nicole, who is in her twenties, participates in a program which helps high-risk mothers have healthy babies. Because of a medical condition, she had a high-risk pregnancy. Early prenatal care, weekly checkups, and transportation to and from her doctor worked together to help her have a healthy baby daughter, Asia Nikol. Here they sit in front of a bulletin board with ribbons for other healthy babies delivered.

"It doesn't take a lot of time to show a young person you care. Sometimes we just give answers instead of our time because that's easier for us."
— Marian D. Williams, Girls Inc. and funeral assistant, on developing programs for teen moms

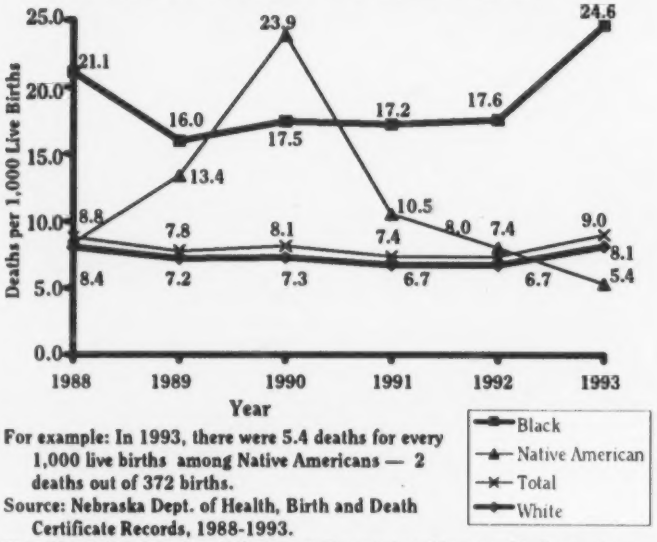
Teen birth rates

Birth rates among women ages 12-14 and 15-17 have changed little since 1988 (through 1993). ***During these years, 179 children were born to children ages 14 and under and 3,679 to young teens (15-17).*** The 1993 birth rate for girls ages 15-17 was 22.74 births per 1,000 girls of that age.

Infant mortality

In 1993, Nebraska's infant mortality rate was 9.0 deaths per 1,000 live births, compared to 8.3 for the nation. The 1993 rate among Blacks was 24.6, compared to the Nebraska Year 2000 objective of 11.0.

What are Nebraska's Infant Mortality Rates?



For example: In 1993, there were 5.4 deaths for every 1,000 live births among Native Americans — 2 deaths out of 372 births.
Source: Nebraska Dept. of Health, Birth and Death Certificate Records, 1988-1993.
Note:The Native American infant mortality rate is subject to wide fluctuations because it is based on a very small number of births and deaths each year.

Low birth weight

Efforts to reduce rates of infant mortality are targeted toward reducing risks. A leading risk factor is low birth weight. In 1993, 1,348 Nebraska women gave birth to infants weighing less than 2,500 grams (approximately 5.5 pounds), the definition of low birth weight. The percent of all births which are low birth weight babies has been between 5% and 6% in Nebraska since 1988, as compared to the national objective of 5% by the year 2000.

BEST COPY AVAILABLE

Prenatal care

Early prenatal care is important in reducing birth risks. The percent of pregnant women receiving prenatal care during the first trimester remains virtually unchanged from 1989 through 1993: for all women, between 82% and 83%; for White women, between 84% and 86%; and for non-White women, between 64% and 66%.

Alcohol and tobacco use

An important indicator of risk related to low birth weight is use of alcohol during pregnancy. Between 1990 and 1993, the number of women reporting use of alcohol during pregnancy has decreased steadily. In 1990, 883 women reported using alcohol during pregnancy, compared to 424 reporting alcohol use in 1993.

Another important indicator of risk related to low birth weight is use of tobacco during pregnancy. Among Nebraska women who have given birth during the past 5 years, the percent reporting use of tobacco during pregnancy is consistently approximately 20%, twice the national objective for the year 2000.

The data indicate a need for a continued focus on childbirth to improve the health of Nebraska's children. Nebraska consistently ranks well compared to other states but remains short of the state objectives for the year 2000 and short of the national objectives for which there are no state objectives.

Child death

Of the 1,261 deaths among Nebraska children ages 1-19 during 1988-93, 794 (63%) were due to injuries.

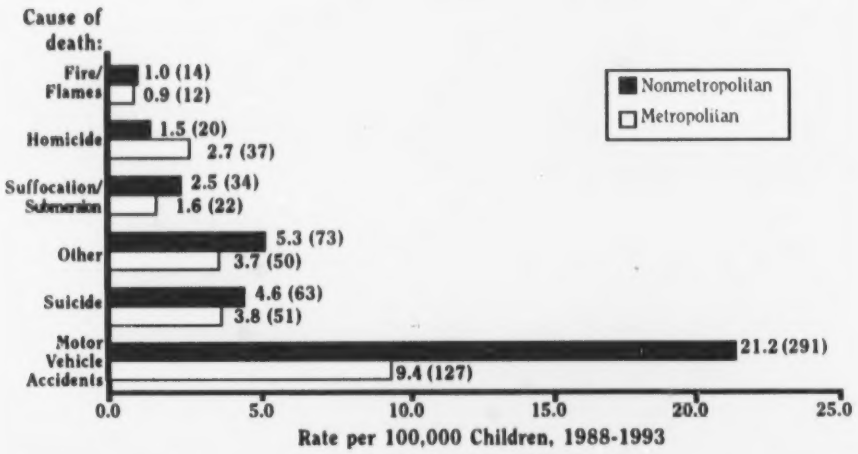
Among the injury-related deaths, motor vehicle accidents are by far the leading cause of death.

The causes of death vary only a little between metropolitan and nonmetropolitan counties, and all causes are found in both groups. Injury-related deaths account for 60% of the causes in both groups, but, among the injury-related causes, motor vehicle accidents account for a higher percentage in nonmetropolitan areas and homicides in metropolitan areas.

There were 21.2 motor vehicle related deaths per 100,000 nonmetropolitan Nebraska children during the years 1988-1993. This is more than two times the rate in metropolitan counties.

Nebraska's low number of child deaths reflects some of the best of the "good life," but the rate of 28.5 deaths per 100,000 in 1991 (19th in the nation) could be improved. The data show the leading category to be injury-related deaths, many of which are preventable.

What injuries cause deaths of Nebraska children?



Children are ages 1-19.
Metropolitan=Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington counties (n=226,192).
Nonmetropolitan=all other Nebraska counties (n=228,530).
Source: Nebraska Dept. of Health, Death Certificate Records, 1988-1993.

"I see young mothers who come in who have lost their child for various reasons, and see them mourn the loss, [and at times I've been] there long enough to see [them] the following year come back and have the same thing happen again. And I'm saying, 'There is work to be done.'"

Marian D. Williams, Girls, Inc., and funeral assistant

BEST COPY AVAILABLE

Early Care and Education

Data from the 1990 census indicate that 307,357 (73.5% of all children in households) of Nebraska children live in households in which both parents, or the only parent, work. In these households, parents' child care arrangements vary. While some parents use flexible work hours so that they can provide most of the care for their own children, others use child care in someone else's home, a child care center, or a preschool.

Michaela, age 2½, and Taylor, age 3, sit on the steps of Taylor's home — one of the 3,651 registered family child care homes in Nebraska.

Child care

The Nebraska Department of Social Services regulates family child care homes, group child care homes, child care centers, and preschools. They conduct some oversight of "approved" child care homes in which low-income children from one family are provided government-subsidized child care. (See Definitions and Data Sources, page 23.)

The number of registered family child care homes in Nebraska has increased from 2,316 in 1989 to 3,651 in 1993. Licensed child care centers have increased from 394 to 595. Licensed group child care homes have increased from 126 to 228. The Nebraska Department of Social Services does not report the number of approved child care homes.

For low income parents, public subsidies can be important in securing child care for their children. In 1993, the Nebraska Department of Social Services provided full subsidies for 16,409 children and partial subsidies (parents paid an amount based on income) for 4,052 children.

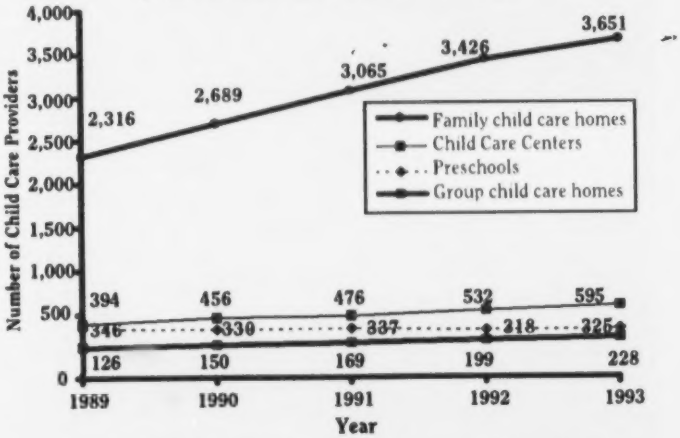
"In the sandhills, it would be difficult to find the number of children that you would need to start a center. Before they start a center, they have to have 17 children. The regional office wouldn't give funds unless there are 17."

— Linda Meyers, State Head Start Coodinator

"[The Head Start van] pick[s] me [and my baby] up at 7:15 [a.m.] and so I have to get up like at 5:30 so I can take a bath/shower or whatever, and after I'm done getting ready I have to get my books and everything ready, wake him up, give him a bath and get him ready, bottles and bags ready. I also have to wake up my little brothers and sisters and make sure they have their things ready so the time goes really quick. I don't really have time to eat so it's good they have this breakfast [at Head Start for mothers]."

— Teen mom who attends high school with parent-child Head Start program

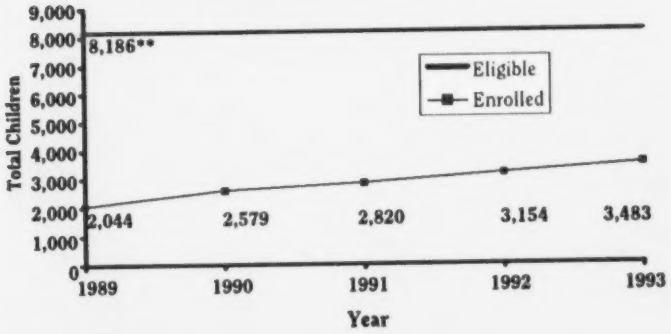
How many registered and licensed child care providers are there in Nebraska?



Source: Nebraska Dept. of Social Services Annual Reports, 1989-1993.

BEST COPY AVAILABLE

How many Nebraska children does the Head Start preschool program serve?*



*Actual enrollment.
**The number of eligible 3- and 4-year-olds is based on the 1990 Census. This approximation will remain constant until the next census.
Source: U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Supportive Services, Head Start and Youth Branch, 1993.

Head Start

Head Start is a federally funded program for low-income children and their families. It is intended to provide them with early education and intervention that helps the children go on to kindergarten and elementary school programs with enhanced abilities and self-esteem. The Head Start preschool program, which primarily serves 3- and 4-year-olds, has seen a growth in Nebraska enrollment from 2,044 in 1989 to 3,483 in 1993. While an increasing number of eligible children are being served in the preschool program, approximately 4,703 remained unserved in 1993.

Special education

During 1993, special education services were provided to over 37,000 children. The number of children served each year has been increasing — a total increase of almost 5,000 since 1990. The services were targeted to problems with learning disability (14,948 children in 1993) and speech/language (10,735 children in 1993). These are the types of special education services provided to Nebraska students during 1993:

Type of Disability	Students Served
Autism	48 (0.1%)
Behavioral	2,760 (7.4%)
Deaf/Blind	3 (0.0%)
Hearing Impaired	684 (1.8%)
Mentally Handicapped	5,168 (13.9%)
Multiple Impairment	446 (1.2%)
Orthopedic	791 (2.1%)
Other Health Impairments	1,273 (3.4%)
Specific Learning Disability	14,948 (40.2%)
Speech/Language Impairment	10,735 (28.9%)
Traumatic Brain Injury	70 (0.2%)
Visual Impairments	273 (0.7%)

Source: Nebraska Department of Education, *Nebraska Special Education Statistical Report*, 1993-1994.

Vichay, age 8, is hearing-impaired. He has had special education in his school and participates in other classes.

One hearing-impaired child can use his hearing aid in school but cannot wear it out of school because his parents fear it will get broken. They receive no aid for costly repair bills which may amount to as much as $1,000 for replacement.

— a special education teacher

"I need to know what kind of people my kids are dealing with, so I would just stop in. I wouldn't call or make an appointment. I would just walk in and watch them and I would go over and start playing with the kids and one of the [Head Start] teacher's aides came up to me and he made me feel comfortable with the program. It made me feel good and I kept coming back."

— Head Start mom

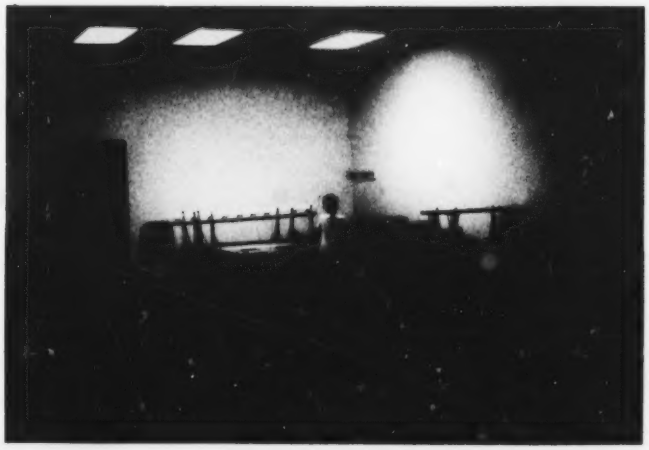
BEST COPY AVAILABLE

Child Abuse and Neglect

The total number of investigated cases of child abuse and neglect has increased from 7,333 in 1990 to 8,439 in 1993. Available statistics do not track the number of calls reporting abuse and neglect; only investigated cases are counted.

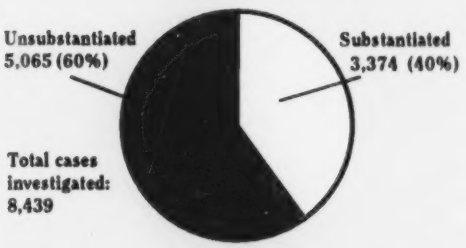
Among cases of neglect and abuse investigated by the Department of Social Services, 3,374 were substantiated. Each case may involve one or more children, and each child may be involved in one or more types of abuse.

Among the children involved in the substantiated cases, 6,133 instances of abuse were recorded — 3,552 involving neglect, 1,804 involving physical abuse, and 777 involving sexual abuse.



Neglect is the most frequent type of child maltreatment. Over half of the Nebraska cases substantiated in 1993 involved neglect.

How many cases of abuse and neglect are investigated yearly?



Source: Nebraska Department of Social Services, Research and Finance Division, 1993.

"I still tried to be like, everything is great and everything is okay. Then I just sat down and started crying, blurting out [to my best friend] everything from years and years that bothered me. Then she took me to see my counselor at school and then [I] just blurted everything out to her and it was like I wasn't even afraid anymore. I didn't have to hide; I wasn't even ashamed or afraid to hide things from people anymore because nothing good was being accomplished from keeping it in. Letting it out was scary but it is actually better."

— 16-year-old girl's account of reporting abuse

"Did your mom believe what you revealed?"

"Not at all! She was in total denial. She had always told me if no one is there for you, your family will always be, and then [when this happened] none of my family was there for me."

— a family's reaction to disclosure of sexual abuse

BEST COPY AVAILABLE

Out-of-home Placement

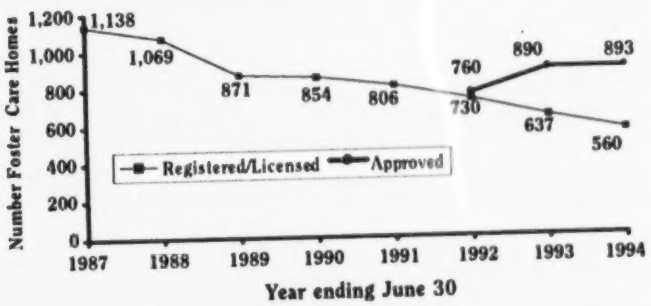
Removal from home for placement in out-of-home care is a sign of a child and family in need. Out-of-home placement is intended to improve a child's well-being on a short-term basis, while the family receives help in resolving difficulties or, if resolution is not possible, until a long-term alternative for the child is found. During 1993, 3,516 children entered out-of-home placement, compared to 3,824 in 1992.

Placement with foster parents is considered the least restrictive type of out-of-home placement. State law requires foster parents providing care for children from more than one family to be licensed. Licensure is a process which is not child-specific. It requires a series of interviews, responses from references, and completion of foster parent training — both before licensure and every year thereafter.

If licensing is not required, the Department of Social Services allows for an approval process as an alternative, primarily for foster families providing care for relatives or for a child with whom they already have a relationship, although approvals are made when this is not the case. Approval requires a home visit and meeting all adults who live in the home, to ensure that it is suitable for the child in question.

As of 1994, there were 560 licensed foster care homes in Nebraska, a decline from 1,138 in 1987. Department of Social Services-approved but not licensed foster homes are increasing, from 760 in 1992 to 893 in 1994.

How many registered and licensed vs. approved foster care homes are there in Nebraska?



Source: Nebraska Dept. of Social Services, 1994.
Note: Data on the number of approved foster homes has been collected since Jan., 1992.

"I think with my case alone, and how many people are involved. There was a police officer at school when I was first taken to foster care. My caseworker works with her supervisor. I also have a guardian ad litem, county attorney, my family and my therapist, a psychiatrist, school counselor, foster parents, my mom, grandma, everyone who is concerned about me, and of course above all of these people is the judge."

— foster child

Teen in her room at foster home.

"There are not enough people in our community who will step forward and say, 'I will open my home.'"

— youth worker

"I guess I can say this now because I understand how the system works, but a lot of times I wanted to blame my caseworker for things that didn't go right. I mean I always thought it was her fault because she didn't do this or she didn't do that. [now] I understand how much she has to do and I am grateful she does what she does because I've heard of other caseworkers who aren't even on the ball like she is. [Other kids] who I have lived with in the [foster] homes say it's crazy because their caseworkers didn't care."

— former foster child

BEST COPY AVAILABLE

With community support and help from his aunt and uncle, 15-year-old Shaun is successfully meeting his probation requirements.

"I started going and meeting different people and they started praying for me and doing things for me. Everybody cared. They helped get me off the streets. It means a lot. I would go over to their house for a little bit."

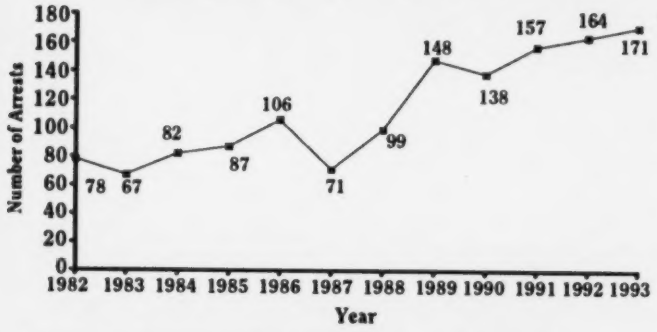
— 15-year-old

Juvenile Justice

The number of arrests of juveniles in Nebraska has risen considerably since 1988. While arrests are not a true measure of crimes committed, nor of the number of juveniles involved in criminal activities, trends in arrests may indicate trends in those variables we cannot measure directly. Arrest data presented here are divided into two categories: Part I Offenses (the most serious crimes) and Part II Offenses (less serious crimes).

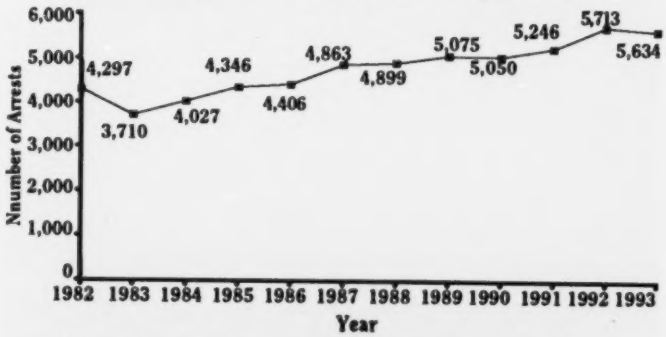
The total number of arrests for Part I Offenses among juveniles in Nebraska has increased from 4,998 in 1988 to 5,805 in 1993. Particularly striking are increases in felony assaults, from 53 to 128, and motor vehicle theft, from 173 to 264.

How many Nebraska children under age 18 are arrested for crimes against persons* (Part I Offenses)?



***Crimes against persons are Part 1 Offenses. They include murder/manslaughter, death by negligence, forcible rape, and felony assault.**
Source: Nebraska Commission on Law Enforcement and Criminal Justice, *Uniform Crime Report*, 1982-1993.

How many Nebraska children under age 18 are arrested for crimes against property* (Part I Offenses)?

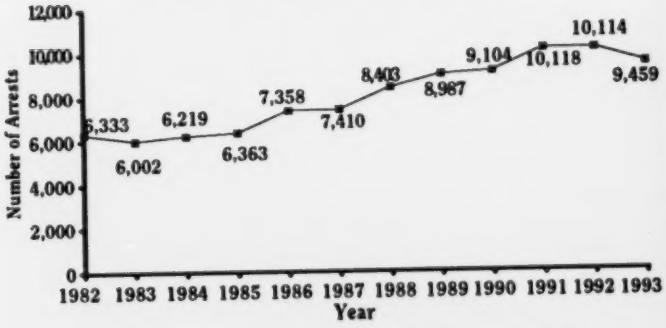


***Crimes against property are Part 1 offenses. They include robbery, burglary, larceny, motor vehical theft, and arson.**
Source: Nebraska Commission on Law Enforcement and Criminal Justice, *Uniform Crime Report*, 1982-1993.

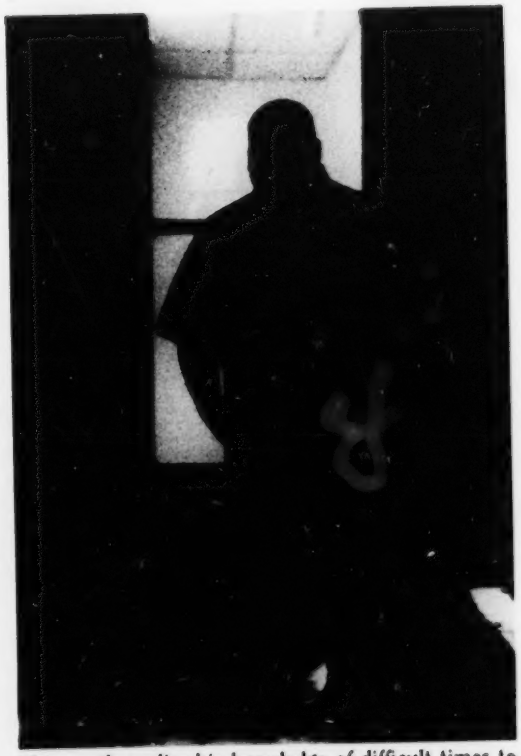
BEST COPY AVAILABLE

Arrests for Part II Offenses (see *Definitions and Data Sources* for a complete list) also increased in recent years, although in 1993 they fell somewhat. Over 10,000 arrests of juveniles for Part II Offenses occurred in 1992; older children were arrested more frequently than younger children.

How many Nebraska children under age 18 are arrested for Part II Offenses*?



*** Part II offenses include simple assault, forgery, stolen property, sex offenses, and drug abuse and liquor law violations, among others.**
Source: Nebraska Commission on Law Enforcement and Criminal Justice, *Uniform Crime Report*, 1982-1993.



This youth applies his knowledge of difficult times to help other youths go straight.

"I don't blame nobody. I blame myself. I didn't have to get in a gang but I wanted to be a tough guy. I think that is why a lot of people do it —because you get a name."

— 15-year-old

"I got into high school and things got worse. By my senior year, I had a really bad reputation. Everybody wanted to fight me. So before I got kicked out of school, I transferred. I did it on my own. I graduated from high school, which is something I never thought I would do."

— 18-year-old

"I was scared. The first time I had a gun held up to my head. That is something I never want to happen again. I was 15 or 16 years old and I was all messed up on the stuff. I had 3 hits of acid and marijuana and we were walking down the street and a car drove by. We were doing our sign and stuff and they stopped and there were four guys in the car and only two of us and they ran up on us. They hit my friend and knocked him out and I was trying to fight back. He pulled out a gun and put it right to my forehead. I was so messed up, I told him, 'If you are going to shoot me, you better kill me.' I thank God he didn't pull that trigger. That's how messed up I was."

— 18-year-old

advice from a kid going straight

Find an alternative to a gang.
You got a sport, do it!
You got a hobby you like to do, do it!
A gang is a gang.
It's not a game for money or chips.
It's for life.

BEST COPY AVAILABLE

County Data

County	Tot Pop	Pop 0-4	Pop 5-9	Pop 10-14	Pop 15-17	Pop 18-19	Avg ADC	Home-less	EPSDT Elg	EPSDT Scr	WIC Elg	WIC Srv	Inf Dth	IMR	Dth 1-19	CMR	Inj Dth	Tot Arr
Adams	29,625	2,118	2,141	2,014	1,095	1,016	294	266	645	683	1,011	753	19	8.80	16	0.40	7	174
Antelope	7,965	656	725	676	379	146	35	0	72	146	503	181	2	3.87	7	0.56	5	4
Arthur	462	36	32	30	21	7	0	0	5	4	33	26	0	--	0	--	0	0
Banner	852	66	68	75	44	17	3	0	9	9	50	8	1	27.78	1	0.76	1	0
Blaine	675	41	53	56	38	15	5	0	10	10	32	28	0	--	0	--	0	0
Boone	6,667	534	564	567	280	104	36	2	85	110	393	197	2	4.42	3	0.30	1	8
Box Butte	13,130	1,066	1,309	1,223	650	267	122	25	147	347	523	421	12	12.59	13	0.59	10	361
Boyd	2,835	175	235	230	127	32	6	0	11	25	145	72	1	5.92	0	--	0	5
Brown	3,657	256	268	286	171	65	14	0	51	68	197	114	2	8.89	5	0.98	4	22
Buffalo	37,447	2,706	2,843	2,546	1,535	2,296	313	169	714	764	1,124	955	22	8.23	15	0.27	9	371
Burt	7,868	518	633	616	352	145	67	6	82	169	378	157	3	6.62	5	0.45	3	24
Butler	8,601	605	727	697	381	170	38	6	107	114	282	89	4	7.66	4	0.32	4	64
Cass	21,318	1,687	1,815	1,681	952	495	196	7	352	448	941	311	15	9.49	19	0.59	14	94
Cedar	10,131	844	930	880	489	192	19	0	43	92	445	178	5	6.63	8	0.49	5	42
Chase	4,381	329	377	367	193	79	19	15	56	80	248	66	0	--	3	0.46	3	12
Cherry	6,307	515	490	512	257	120	38	7	114	167	466	220	0	--	2	0.22	2	21
Cheyenne	9,494	691	809	721	393	214	80	46	121	242	390	125	3	4.76	8	0.58	6	62
Clay	7,123	473	584	548	335	162	57	3	123	128	266	79	4	9.80	9	0.89	7	6
Colfax	9,139	704	761	715	348	186	40	0	69	113	337	225	5	7.20	5	0.38	1	98
Cuming	10,117	728	839	801	452	210	28	6	68	117	398	191	6	9.1	11	0.75	9	75
Custer	12,270	841	934	996	543	235	93	42	211	292	456	307	8	10.23	11	0.64	9	37
Dakota	16,742	1,433	1,489	1,395	756	434	194	105	114	607	733	745	18	11.80	10	0.38	7	153
Dawes	9,021	597	668	629	386	592	136	45	168	255	408	333	4	7.01	0	--	0	71
Dawson	19,940	1,406	1,622	1,628	916	462	247	150	617	779	931	1,158	20	11.76	13	0.45	10	372
Deuel	2,237	137	177	179	95	45	14	4	18	31	131	30	0	--	0	--	0	0
Dixon	6,143	458	487	493	293	123	28	1	17	86	282	93	4	10.58	7	0.78	1	44
Dodge	34,500	2,376	2,708	2,512	1,408	1,024	336	41	690	678	1,202	767	20	8.98	20	0.42	15	217
Douglas	416,444	33,314	32,489	29,325	16,770	11,728	7,580	4,295	8,856	11,708	14,788	10,862	315	8.83	222	0.37	127	4496
Dundy	2,582	130	200	207	106	59	6	19	7	17	55	29	0	--	4	1.18	3	16
Fillmore	7,103	487	544	508	342	128	42	3	118	90	213	114	5	11.68	1	0.10	0	7
Franklin	3,938	258	248	256	161	65	19	12	18	36	138	50	1	4.83	3	0.63	2	3
Frontier	3,101	196	281	252	134	78	16	2	30	33	165	41	0	--	0	--	0	11
Furnas	5,553	287	394	410	225	97	19	0	60	81	188	105	1	3.52	2	0.29	1	27
Gage	22,794	1,520	1,669	1,503	875	551	208	48	338	374	828	304	11	8.14	15	0.51	9	148
Garden	2,460	159	175	164	73	46	7	0	28	45	88	47	0	--	0	--	0	2
Garfield	2,141	135	161	140	118	32	13	2	31	44	94	43	2	17.24	4	1.40	4	7
Gosper	1,928	104	138	146	82	36	1	0	11	12	71	19	0	--	0	--	0	15
Grant	769	64	76	54	31	10	4	0	20	24	41	26	0	--	1	0.86	1	0
Greeley	3,006	209	269	293	153	42	14	0	39	53	132	77	0	--	4	0.84	4	6
Hall	48,925	3,819	3,956	3,896	2,202	1,240	670	141	1,304	1,385	1,854	1,466	26	6.41	30	0.41	19	956
Hamilton	8,862	678	818	691	386	178	48	0	90	93	305	181	5	8.39	10	0.75	5	32
Harlan	3,810	244	304	249	142	53	14	2	51	59	163	46	0	--	2	0.41	1	27
Hayes	1,222	91	81	103	56	23	3	0	10	13	69	12	0	--	1	0.58	1	3
Hitchcock	3,750	252	304	335	192	67	14	1	24	53	154	61	2	10.20	2	0.36	2	4
Holt	12,599	1,057	1,142	1,076	534	252	58	2	184	253	665	389	3	3.26	13	0.66	11	27
Hooker	793	49	58	58	30	11	2	0	12	13	23	22	0	--	0	--	0	0
Howard	6,055	431	494	496	304	128	34	7	44	65	247	135	4	9.93	7	0.78	4	14
Jefferson	8,759	567	618	613	356	167	50	5	102	100	273	123	7	14.64	5	0.44	4	30
Johnson	4,673	267	361	330	187	77	16	2	48	46	139	54	2	8.44	1	0.17	1	10
Kearney	6,629	506	517	472	294	137	17	2	71	81	293	66	6	12.90	11	1.17	9	30
Keith	8,584	603	741	664	379	196	39	25	150	156	360	182	3	6.11	4	0.32	2	76

County	Tot Pop	Pop 0-4	Pop 5-9	Pop 10-14	Pop 15-17	Pop 18-19	Avg ADC	Home-less	EPSDT Elg	EPSDT Scr	WIC Elg	WIC Srv	Inf Dth	IMR	Dth 1-19	CMR	Inj Dth	Tot Arr
Keya Paha	1,029	50	83	84	52	13	2	0	3	4	47	23	1	15.63	0	--	0	7
Kimball	4,108	283	337	305	168	65	30	1	17	70	157	47	2	8.13	2	0.35	2	30
Knox	9,534	607	713	768	414	163	69	9	68	162	395	165	7	12.30	10	0.77	9	84
Lancaster	213,641	15,194	15,165	13,339	7,350	9,580	2,046	1,713	3,350	4,019	5,420	4,363	128	8.11	101	0.36	54	3715
Lincoln	32,508	2,360	2,802	2,699	1,519	883	448	102	738	822	1,221	876	22	9.60	21	0.42	8	466
Logan	878	71	89	92	41	18	2	0	8	8	47	11	0	--	1	0.66	0	0
Loup	683	49	52	59	28	9	2	0	6	7	35	10	0	--	1	1.04	0	0
Mcpherson	546	40	50	40	30	4	1	0	2	4	30	6	0	--	1	1.23	1	0
Madison	32,655	2,667	2,915	2,453	1,276	966	265	277	737	734	1,090	952	25	9.03	25	0.51	14	299
Merrick	8,042	576	620	654	387	174	31	9	59	81	398	193	2	3.68	7	0.60	5	27
Morrill	5,423	401	412	445	262	99	58	0	91	139	244	107	2	5.73	6	0.76	2	16
Nance	4,275	335	348	361	185	67	15	1	36	51	204	125	2	7.25	3	0.47	2	2
Nemaha	7,980	511	603	538	300	346	74	12	86	161	264	112	3	7.19	4	0.37	3	19
Nuckolls	5,786	343	459	454	242	89	18	3	42	68	212	84	0	--	3	0.39	2	17
Otoe	14,252	951	1,110	1,060	606	326	88	27	167	246	483	196	5	5.67	3	0.15	1	123
Pawnee	3,317	213	212	227	116	52	13	3	33	41	157	39	0	--	2	0.50	2	4
Perkins	3,367	226	296	312	168	58	4	1	14	23	96	35	0	--	4	0.77	1	5
Phelps	9,715	705	794	738	419	204	48	12	109	138	347	176	4	6.08	7	0.50	4	62
Pierce	7,827	619	727	646	297	161	37	10	84	108	338	119	5	9.51	5	0.42	4	17
Platte	29,820	2,579	2,785	2,561	1,332	712	235	62	462	582	1,191	596	15	6.29	20	0.41	11	329
Polk	5,675	344	450	459	261	99	19	0	39	52	131	67	4	12.20	2	0.25	1	5
Red Willow	11,705	838	962	900	478	394	102	54	121	268	493	280	7	8.92	7	0.41	5	153
Richardson	9,937	695	734	637	407	196	97	37	194	248	431	200	3	4.92	6	0.47	4	33
Rock	2,019	144	161	175	103	46	4	1	7	21	110	52	0	--	3	0.98	2	5
Saline	12,715	827	974	866	496	534	55	13	126	148	290	197	5	6.8	5	0.29	5	49
Sarpy	102,583	9,550	9,666	8,946	4,908	2,925	437	54	791	1,032	3,341	1,457	63	6.66	59	0.34	32	1324
Saunders	18,285	1,365	1,510	1,528	816	372	98	1	216	259	765	223	7	5.56	8	0.29	8	99
Scotts Bluff	36,025	2,540	2,936	2,923	1,664	1,000	820	516	979	1,468	1,879	990	18	6.37	20	0.38	12	313
Seward	15,450	1,069	1,238	1,207	595	790	53	10	121	218	453	211	1	1.07	11	0.48	7	53
Sheridan	6,750	405	584	574	319	130	111	60	134	213	335	192	5	12.02	6	0.61	6	134
Sherman	3,718	242	293	309	206	79	15	4	27	36	193	127	1	4.63	5	0.91	3	11
Sioux	1,549	100	110	133	64	33	4	1	3	9	96	6	0	--	2	0.94	1	0
Stanton	6,244	572	612	560	318	136	27	10	96	103	356	114	1	2.35	2	0.19	1	57
Thayer	6,635	382	496	477	282	113	37	6	99	100	303	99	0	--	5	0.59	3	29
Thomas	851	52	81	83	53	15	7	0	11	12	38	5	0	--	0	--	0	0
Thurston	6,936	756	731	656	289	178	335	10	48	470	664	66	12	15.21	6	0.47	4	4
Valley	5,169	322	399	389	230	94	25	2	71	92	251	108	1	3.45	5	0.72	3	3
Washington	16,607	1,063	1,329	1,400	762	533	63	0	83	191	453	202	6	6.39	7	0.29	6	60
Wayne	9,364	642	681	592	342	781	39	18	55	111	326	119	5	8.24	3	0.22	3	38
Webster	4,279	263	291	286	174	78	18	0	39	51	140	47	1	3.92	3	0.57	3	9
Wheeler	948	89	84	93	44	14	4	0	14	10	55	33	1	12.66	0	--	0	2
York	14,428	1,143	1,181	1,041	598	455	83	1	256	272	431	278	7	6.91	6	0.28	3	134
State Total	1,578,385	119,606	126,401	117,383	65,622	47,238	17,239	8,245	26,007	34,250	57,561	35,591	944	7.93	934	0.41	580	16021

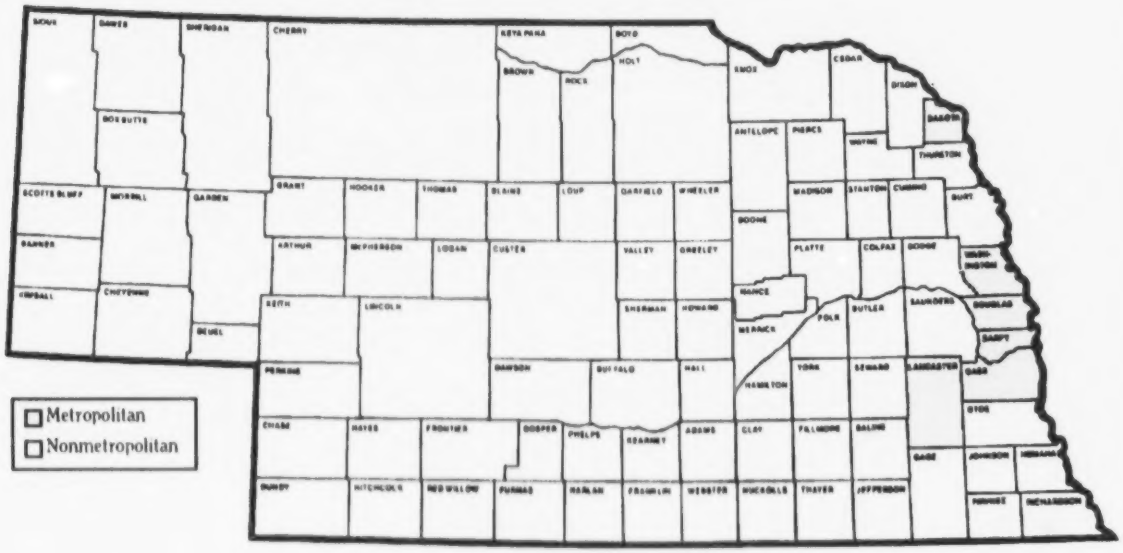
NOTE: For sources, see list on page 22.

County Data, cont.

These variables appear in the county data section on pages 20-21:

1. County name
2. Total county population
   Source: U.S. Census 1990.
3. Population: Age 0-4
   Source: U.S. Census 1990.
4. Population: Age 5-9
   Source: U.S. Census 1990.
5. Population: Age 10-14
   Source: U.S. Census 1990.
6. Population: Age 15-17
   Source: U.S. Census 1990.
7. Population: Age 18-19
   Source: U.S. Census 1990.
8. Average Monthly ADC Cases
   For State Fiscal Year 1993. Excludes 3 cases living out of state. Source: *Annual Report 1993*, Nebraska Department of Social Services.
9. Total Homeless Children and Youth
   Source: Nebraska Department of Education, *1992 Report of School-age Homeless Children and Youth*.
10. EPSDT Eligible Children (Cases)
    Excludes 7 Children Living out of State. Source: Nebraska Department of Social Services.
11. EPSDT Screens (Procedures)
    Note: Excludes 26 Eligible Children Living out of State. Source: Nebraska Department of Social Services.
12. WIC Eligible
    Data for month of April 1994.
    Source: Nebraska Department of Health.
13. WIC Served
    Data for month of April 1994.
    Source: Nebraska Department of Health.
14. Infant Deaths
    Total number of deaths of children under one year of age, 1989-1993.
    Source: Nebraska Department of Health, Vital Statistics.
15. Infant Mortality Rate
    Number of deaths of children under one year of age for every 1000 live births, 1989-1993.
    Source: Nebraska Department of Health, Vital Statistics.
16. Deaths, children aged 1-19
    Total number of deaths of children between one and 19 years of age, 1989-1993.
    Source: Nebraska Department of Health, Vital Statistics.
17. Child Mortality Rate (aged 1-19)
    Number of deaths of children between one and 19 years of age for every 1000 children, 1989-1993.
    Source: Nebraska Department of Health, Vital Statistics, and U.S. Census, 1990.
18. Deaths due to injury
    Total number of deaths due to injury to children between one and 19 years of age, 1989-1993.
    Source: Nebraska Department of Health, Vital Statistics.
19. Total arrests
    Source: Nebraska Commission on Law Enforcement and Criminal Justice, *Crime in Nebraska 1992, Uniform Crime Reports*.

Nebraska's Metropolitan and Nonmetropolitan Counties



Definitions and Data Sources

General Information

The descriptions of the characteristics of Nebraska children are taken from the 1990 U.S. Census of Nebraska population. While there will have been some changes in the population since that time, Nebraska's state-wide population is stable; there is population movement within the state, but in-state and out-state migration are in balance.

The distinctions between **metropolitan and nonmetropolitan counties** are based on U.S. Census Bureau data and definitions by the U.S. Office of Management and Budget. Metropolitan areas are central cities of at least 50,000 persons and all surrounding counties in which residents live that are economically dependent on the large city. In Nebraska the six metropolitan counties are: Douglas, Washington, Sarpy, and Cass, all in metropolitan Omaha; Lancaster in metropolitan Lincoln; and Dakota in metropolitan Sioux City, Iowa.

Economic Well-being

Low-Income

The definition of low-income is based on the federal poverty level, which is determined annually by the U.S. Office of Management and Budget (OMB). The dollar amount is annual income needed to provide for the minimal needs of a family, depending on family size. Its calculation assumes that food costs are approximately one-third of that amount and measures the income needed for food for one year. Having established the poverty level, various percentages of that amount reflect varying degrees of low-income, from 50% to 185%. Public programs, including Aid to Dependent Children (ADC), Food Stamps, The Special Supplemental Food Program for Women, Infants, and Children (WIC), and child care subsidies, use different levels of poverty as at least one basis for determining eligibility. Data on household income was obtained from the U.S. Census, 1990.

Aid to Dependent Children (ADC)

ADC is a state program that receives federal financial support. It provides a monthly cash grant to low income households. To receive benefits a family must meet the following requirements: a child under age 18, or 19 if a student meets the definition of a dependent child (at least one parent incapacitated), must be in the household; monthly income must be within the ADC standard, which changes annually and varies for different family sizes; and household resources, excluding the home, goods of moderate value in the home, clothing, equity of up to $2,500 in a motor vehicle, and burial trusts, cannot exceed $1,000. This program information was obtained from Nebraska's Programs For Children and Their Families: a Guide for Legislators, Elizabeth Hruska, Budget Analyst, Legislative Fiscal Office, January 1992, and from the 1993 Annual Report of the Nebraska Department of Social Services. Data for ADC participants was obtained from the Nebraska Department of Social Services.

Medicaid

Medicaid is a state program that receives federal financial support. It provides payment to medical providers who treat persons eligible for services. Eligible persons include elderly residents who qualify based on income for payment to nursing homes and/or payment to Medicare to finance deductibles and monthly premiums. Children are automatically eligible for Medicaid benefits if they live in families eligible for ADC benefits. Children are also eligible for benefits if the family meets the categories of ADC eligibility but has an income between 100% and 133% of the ADC eligibility. Pregnant women and children are eligible for Medicaid if their incomes are below the federal poverty level, independent of ADC eligibility. Recent federal legislation requires that all children under age 6 in families with incomes below 133% of the federal poverty level be eligible. Federal legislation also requires that all children under age 10 in families with incomes at or below the poverty level be eligible, and that eligibility will extend to all children under age 19 by 2001. By state law, Nebraska covers some additional low-income children under age 21. Comparisons of the Nebraska Medicaid program to other states' are taken from *Medicaid at the Crossroads*, The Kaiser Commission on the Future of Medicaid, November, 1992. Data on Medicaid eligibility in Nebraska were provided by the Nebraska Department of Social Services.

Housing

Inadequate housing, costs

The U.S. Department of Housing and Urban Development (HUD) has developed standards by which inadequate housing can be measured. The economic standard is percent of income spent for housing costs, which include utilities, fuels, insurance, and taxes (for home owners). The income level is gross, pretax income.

Inadequate housing, rooms

The HUD standard for rooms is measured as persons per finished room (not including bathrooms) in the dwelling. The number of persons is divided by the number of rooms to compare to a technical standard of no more than 1.01 person per room. All data for inadequate housing are taken from the 1990 Census of the U.S. Population.

Homelessness

Homeless children are those who do not reside in family dwellings or with a legal caretaker. This population includes both those in family and youth shelters and those who are not . The data were collected by the Nebraska Department of Education, using local surveys completed by schools, community action agencies, shelters, and the Department of Social Services local offices.

Child Health Issues

The Special Supplemental Food Program for Women, Infants, and Children (WIC)

The WIC program provides supplemental foods, nutrition education, and health care referrals to pregnant women, infants, and children. Eligibility is based on categories (pregnant women, postpartum women up to 6 months, breast feeding women up to 12 months, and infants or children up to 5 years), income below 185% of the federal poverty level, and nutrition risk. Information on program eligibility is taken from Nebraska's Programs for Children and Their Families. WIC data were provided by the Nebraska Department of Health.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

This program, known as HEALTHCHECK in Nebraska, serves Medicaid recipients under age 21. The services include: a comprehensive health and development history; physical examination; immunizations; laboratory tests, including blood lead levels; and health education. Limited vision, dental, and hearing services also are included. Data were provided by the Nebraska Department of Social Services.

Child death

These data reflect the number of Nebraska resident children that died during a given calendar year. Death rates are the number of deaths per 1,000 children residing in the state. Data were taken from death certificates and provided by the Nebraska Department of Health, from Vital Statistics.

Infant mortality

This indicator measures the rate at which infants die during the first year after birth. The calculation is based on the number of infant deaths for each 1,000 births. For 1993, the rate is the number of infants who died within one year of being born during 1993. Data were taken from a file linking death certificates of infants with birth certificates. Dates were provided by the Nebraska Department of Health, from Vital Statistics.

Low Birth Weight

The definition of low birth weight is 2,500 grams (approximately 5.5 pounds) at birth. The number is based on clinical studies demonstrating that babies below this weight are less likely to live past one month of age. Data were taken from birth certificates, provided by the Nebraska Department of Health, from Vital Statistics.

Onset of prenatal care

This indicator measures whether or not prenatal care began during the first three months of pregnancy. Data were taken from birth certificate information, provided by the Nebraska Department of Health, from Vital Statistics. The number and onset of prenatal visits are data reported by the mother on birth certificates.

Alcohol and tobacco use during pregnancy

This indicator is a self-reported item on birth certificates. The frequency of use, or whether or not use was limited to one time period during pregnancy, are not reported. Data were provided by the Nebraska Department of Health, from Vital Statistics.

Early Care and Education

Parents in the work force

These data were taken from the U.S. Census of Population, 1990. No distinctions are made based on number of hours per week one or both parents work. The information, then, can be used to estimate the number of households in which children are without a parent at least part of the time, and therefore provide a basis for estimating the need for child care.

Registered family child care homes

These are homes that have been registered with the Nebraska Department of Social Services to provide child care. They must meet certain minimum requirements as determined by law and regulatory policy. Data were provided by the Nebraska Department of Social Services.

Approved child care homes

These are homes that have been approved by the Nebraska Department of Social Services as being eligible for payment for providing child care services. They are not registered, however, and therefore are not required to meet the same conditions as registered family child care homes.

Subsidized care

Low-income families are eligible for assistance from the Nebraska Department of Social Services (NDSS) to pay the cost of child care. Specific categories of parents eligible for such assistance include: those fulfilling Job Support requirements and parents receiving Aid to Dependent Children. The program provides either full or partial payment, depending on family income. Data were provided by NDSS.

Head Start

The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start — early childhood education. Data were provided by Nebraska Head Start, U.S. Department of Health & Human Services, Office of Family Supportive Services, Head Start Youth Branch.

Special education services

The data represent unduplicated counts of children receiving specified service. Data were provided by the Nebraska Department of Education.

Child Abuse and Neglect

These data represent cases reported to the Nebraska Department of Social Services and subsequently investigated by DSS personnel. Substantiated cases are those the investigators verify, and can involve more than one child in the household. Each child may also be involved in more than one type of abuse or neglect. Data were provided by the Nebraska Department of Social Services.

Out-of-home Placement

Out-of-home care

Out-of-home care can be provided in a number of different sites, all exclusive of residing with the child's natural family. Foster care homes represent a majority of such placements, but other possibilities include prison and detention centers, regional centers for mental health, and children's homes such as Boys Town. Data were provided by the Foster Care Review Board of Nebraska and include reports from these Nebraska agencies: Department of Social Services, Department of Public Institutions, Department of Correctional Services, private agencies in which children reside, and the courts.

Foster care homes

Licensed and approved foster care homes represent two separate categories of placement used by the Nebraska Department of Social Services. Licensed homes must meet more stringent requirements and are reviewed annually. Approved homes are initially approved for a specific child or family but not subsequently reviewed. Data for approved homes have been retained since the beginning of 1992. Data were provided by the Nebraska Department of Social Services.

Juvenile Justice

Arrests, Part I offenses

The data represent the total number of arrests, not necessarily the number of children. The same child could be involved in more than one arrest. Part I offenses include the following: murder/manslaughter, death by negligence, felony rape, robbery, felony assault, burglary, larceny, motor vehicle theft, and arson. Data were provided by the Nebraska Commission on Law Enforcement and Criminal Justice.

Arrests, Part II offenses

The data represent the total number of arrests, not necessarily the number of children. The same child could be involved in more than one arrest. Part II offenses include the following: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons, prostitution and commercialized vice, sex offenses, drug abuse violations, gambling, offenses against family and children, driving under the influence, liquor laws, drunkenness, disorderly conduct, vagrancy, suspicion, curfew and loitering law violations, and runaways. Data were provided by the Nebraska Commission on Law Enforcement and Criminal Justice.

Kids Count Team Members and Advisors

Kids Count Team Members

Voices for Children in Nebraska
Kathy Bigsby Moore, Project Director
Gail L. Flanery, Ph.D., Ass't Project Dir.

Section on Health Services
Research and Rural Health Policy,
Department of Preventive and Societal Medicine
Keith Mueller, Ph.D., Project Sup. - Data
Jan Meyer, Project Ass't
Fred Ullrich, M.A., Project Data Mgr.
Angella Bowman, M.A., Ass't Pgm. Analyst

Consultants to the Project
Virginia Berman, Ph.D., Center for Children, Families & the Law, Univ. of NE - Lincoln
Jeff Chambers, M.A., Center for Children, Families & the Law, Univ. of NE - Lincoln
Ann Coyne, Ph.D., School of Social Work, Univ. of NE - Omaha
Jerome Deichert, M.A., Center for Public Affairs Research, Univ. of NE - Omaha
Magda Peck, Sc.D., Dept. of Pediatrics, Univ. of NE Medical Center
John Comer, Ph.D., Dept. of Political Science, Univ. of NE - Lincoln

Panel of Advisors

Carol Aschenbrener, Chancellor, Univ. of NE Medical Center; Chair, Kids Count Panel of Advisors
Senator David Bernard - Stevens
Carol Bloch, State Public Affairs Chair, Nat'l Council of Jewish Women
Jim Bowman, M. Div., Dir., Lutheran Advocacy Office
Bruce Buehler, M.D., Chair, Dept. of Ped., Univ. of NE Medical Center
Sally Burt, Exec. Dir., Consortium on Children & Youth
William Caldwell, Ed.D., Extension Specialist, Volunteer Development, Univ. of NE - Lincoln
Jennifer Severin Clark, Exec. Dir., NE Arts Council
Harold W. Clarke, Dir., NE Dept. of Correctional Services
Allen Curtis, Exec. Dir, NE Commission on Law Enforcement and Criminal Justice
George Dillard, Pres., CEO, Urban League of NE
Dan Dolan, Commissioner, NE Dept. of Labor
Dawson Dowty, Ph.D., Pres., Lincoln Foundation
Joel Gajardo, Ph.D., Exec. Dir., Hispanic Community Center, Lincoln
Mary Dean Harvey, M.S., Dir., NE Dept. of Social Services
Mark B. Horton, M.D., M.S.P.H., Dir., NE Dept. of Health
Cecilia Huerta, Interim Exec. Dir, Mexican American Commission
Dale B. Johnson, Dir., NE Dept. of Public Institutions
Norman Krivosha, Exec. Vice Pres. & Corporate General Counsel, Ameritas Life Insurance Corp.
Senator John C. Lindsay
Jean Lovell, J.D., Dir., Gov's Policy Research and Energy Office
Michael Lundeen, MS, Program Analyst, NE
Joe Lutjeharms, Ed.D., Commissioner of Ed., NE Dept. of Ed.
Mark D. Martin, Chief, Jail Standards Division, NE Commission on Law Enforcement & CriminalJustice
Steve Martin, Vice Pres., Health Services Rsch. and Reimbursement, Blue Cross/Blue Shield
Tom Moloney, Rsch. Mgr., NE Dept. of Labor
Denis McCarville, M.S.W., Pres., NE Assoc. of Homes & Services for Children, Uta Halee Girls Village
Rose Meile, Exec. Dir., Women's Commission
Pam Morris-Stump, Deputy Dir., Central NE Community Services
Maxine B. Moul, Dir. NE Dept. of Economic Dev.
Dr. Reaves F. Nahwooks, Chair, NE Commission on Indian Affairs
Andrea Nelson, M.Ed., Pres., League of Women Voters of NE
Kathy O'Connor, M.S., Exec. Dir., Alliance of Family Shelters
Sarah O'Shea, Executive Dir., NE Domestic Violence/Sexual Assault Coalition
Robert Patterson, M.S.W., Dir., Charles Drew Health Center
Jim Pearson, Special Ass't to Director, NE Dept. of Roads
Stephen Provost, Exec. Dir., NE Commission on Indian Affairs
Senator Jessie K. Rasmussen
L. Lynn Rex, Exec. Dir., League of Municipalities
Lt. Gov. Kim Robak
Rob Robinson, Mgr., Planning, Omaha Housing Authority
Senator DiAnna R. Schimek
Edward R. Schulenberg, Jr., Governor's Advisor on Children & Family
Julie Skradskie, Public Affairs Child Advocate, Junior League of Omaha
Michael Steinman, Ph.D., Chairperson, Gov's Commission for the Protection of Children
Carolyn Stitt, M.S.W., Dir., Foster Care Review Board
Jim Sullivan, Sr. Vice Pres., United Way of the Midlands, Omaha
Earl Taylor, Exec. Dir., Omaha Community Foundation
Senator Don Wesely

Kids Count Technical Team

Joy Alice, Statistical Analyst, NE Dept. of Labor
Steve Anderson, M.B.A., Risk Mgmt. Supt., NE Dept. of Roads
Robert Beecham, Administrator, Data Center, NE Dept. of Ed.
Michael Calvert, Legislative Fiscal Analyst
Martha Carter, Rsch. Analyst, Legislative Research
Stanley Cooper, Ph.D., Dir., Vital Statistics, NE Dept. of Health
Harriet Egertson, Ph.D., Early Childhood Consultant, NE Dept. of Ed. Ofc. of Child Development
Murray Frost, Ph.D., Dir. of Rsch. & Gov't Relations, United Way of the Midlands, Omaha
Paula Hartig, Info. Specialist, NE Dept. of Public Institutions
Chris Hanus, Administrator, Human Services Division NE Dept. of Social Services
Jon Hill, M.S.W., Dir., Ofc. of Juv. Svcs., NE Dept. of Correctional Services
Octa Keen, M.S.N., Ass't Prof., Methodist College of Nursing & Allied Health, Omaha
Pat King, Admin. Ass't, Foster Care Review Board
Steve King, Planning, NE Dept. of Corrections
Charlotte Marthaler, Grants Admin., NE Dept. of Health
Stu Miller, Deputy Director NE Dept. of Economic Development
Ian Newman, Ph.D., Dir of NE Prevention Center for Alcohol & Drug Abuse, Prof. of Health Ed., Univ. of NE - Lincoln
Mike Overton, M.S., Dir., Statistical Analysis Center, NE Commission on Law Enforcement
John Sahs,M.S., Division Dir. of Health Policy & Planning, NE Dept. of Health
Carol Schoenleber, Probation Admin., NE State Supreme Court
David Schor, M.D., M.P.H., Dir. of Maternal & Child Health Division, NE Dept. of Health
Ken Sieckmeyer, M.P.A., Transportation Planning Mgr., Highway Safety, NE Dept. of Roads
Pam Taggart, Analyst, Data Center, NE Dept. of Ed.
Patricia Wilson, Ph.D., Office of Community Mental Health, NE Dept. of Public Institutions

Voices for Children in Nebraska
7521 Main Street
Omaha, NE 68127
(402) 597-3100
FAX (402) 597-2705

Lincoln Office
215 Centennial Mall South, Room 426
Lincoln, NE 68508

Section on Health Services Research
and Rural Health Policy
University of Nebraska Medical Center
600 South 42nd Street
Omaha, Nebraska 68198-4350

BEST COPY AVAILABLE